

Town of Richmond
Request for Special Appropriations
Request for Fiscal Year: 2025

Organization's Name: Halloween on the Green
Address: 213 Lawrence Rd
City, State, Zip: Richmond, VT 05477
Website address: N/A

A. GENERAL INFORMATION

1. Program Name: Halloween on the Green
2. Contact Person/Title: Andrew French, Organizer

Telephone Number: 8029223069
E-mail address: afrench245@gmail.com

3. Total number of individuals served in the last complete fiscal year by this program:
500-600
4. Total number of the above individuals who are Town residents: ~375, though it's hard to tell with an outdoor event

Please, attach any documentation that supports this number.

Percent of people served who are Town residents: It's a bit of a guess, but probably 60% or higher

5. Amount of Request: \$350
6. Total Program Budget: ~\$650 Percent of total program budget you are requesting from the Town of Richmond: 53%

7. Please state or attach the mission of your agency: Our mission is to put on a once a year, family-friendly daytime Trick-or-Treat event for the children of Richmond. It features candy booths, food vendors, a storywalk, music, photo booth, and more.

8. Funding will be used to:
 Maintain an existing program Expand an Existing Program
 Start a new program

9. Has your organization received funds from the Town in the past for this or a similar program? No

If yes, please answer the following:

a. Does the amount of your request represent an increase over your previous appropriation? If yes, explain the reason(s) for the increase.

b. Were any conditions or restrictions placed on the funds by the Selectboard?
If yes, describe how those conditions or restrictions have been met.

B. PROGRAM OVERVIEW

1. Statement of Need: Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need, or problem exist in the Town of Richmond? _____
Mainly our event offers a daytime alternative to traditional trick or treating done at night. It allows families to participate at a time convenient for little kids, and offers a centralized, easily walkable, and traffic free environment. Food vendors and the already wonderful playground make it a great place to spend a few hours with young children, and then still be able to get them to bed on time.

Additionally, we just love Halloween, and are simply trying to contribute a family friendly event to our town which already has an amazing Halloween night. We see this event as complimentary to our town's festivities on the night of. _____

2. Program Summary:

a. Identify the target/recipients of program services. Specify the number of Town residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence. _____

b. Identify what is to be accomplished or what change will occur from participating in the program. How will people be better off as a result of participating in the program? Describe the steps you take to make the project known to the public, and make the program accessible and inclusive? _____
We will use the funds received from the town for purchasing candy to be distributed at the event. Every year we get a small amount of donations, but most of the candy is purchased personally by Andrew and Rebecca French. This will help defray some of those costs, and allow us to purchase more candy for the event. _____

3. Program Funding:

a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.) _____
Town funds will be used to purchase candy that will be distributed. We try to limit it to one piece of candy per child, but have between 10-15 tables that are giving away candy. We usually buy bags from Walmart that are 450 pieces for \$56. Town funds will be used to purchase as much as we can, we sometimes get a few hundred dollars in donations, and whatever else we need is paid for personally. _____

b. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. How would this program be modified should

revenues be lost? _____ For the most part this event has been funded personally by the Frenches, with some costs being offset by other resident donations, and last year a few hundred dollars from Northfield Savings Bank. We plan on asking Northfield again for a small amount this year. If no funds were donated, the event would continue to be personally funded, though it would be in a more limited capacity. _____

C. ORGANIZATIONAL CAPACITY

1. Describe your agency's capability to provide the program including its history, previous experience providing this service, management structure and staff expertise. _____
_____ The volunteers working to execute this event consist mainly Andrew and Rebecca French, Chuck Senick, and Kate Anderson. We don't have much professional experience in putting on events, but this will be our 4th year doing this, and we think it has gone pretty well so far. _____

2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from whom (source of data) and when (timing of data collection). _____
_____ We will try and ask every child who stops by the main tent if they prefer more or less candy on Halloween! Town funds would be used to make the event bigger and more generous, and help defray some of the existing costs to the event organizers. _____

3. Summarize or attach program and or service assessments conducted in the past two years. _____ N/A _____

4. Does your organization have a strategic plan and a strategic planning process in place? _____ No _____ - If yes, please attach your plan.
The strategic plan should include a mission statement, goals, steps to achieve the goals, and measures that assess the accomplishments of the goals.

5. What is the authorized size of your board of directors? _____ N/A _____
How many meetings were held by the board last year? _____ N/A _____

I, the undersigned, confirm the information contained herein is accurate and can be verified as such. I understand and agree that if the requested funds are approved, the disbursement of funds are subject to all conditions established by the Richmond Selectboard.

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Signature of Applicant _____ Andrew French _____ Date ___ 10/02/23 _____
